



Membership Application

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|------------------------------|-------------|-------------|---------------------|
| Personal Information: | | | |
| Title: Mr. Mrs. Ms. | First Name: | Last Name: | |
| Address: | | | Year of Graduation: |
| City: | State: | Zip Code: | |
| Home Phone: | | Cell Phone: | |
| Personal Email: | | | |
| Business Information: | | | |
| Business Name: | | | |
| Title: | | | |
| Address: | City: | State: | Zip Code: |
| Work Phone: | | Extension: | |
| E-mail: | | | |

Annual Membership Dues: \$35

Checks made payable to: Saginaw County Chamber Foundation

Please include member's name in memo. Receipt is available upon request.

Please return this application and payment to:

Saginaw County Chamber of Commerce

Attn: LSCAA

515 N. Washington Ave. Suite 300

Saginaw, MI 48607

Questions?

www.saginawchamber.org/leadershipalumni
LeadershipSaginawCountyAlumni@gmail.com

Melissa Jo Horn (989) 791-7051

(Office use only-data entry)

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| Spreadsheet | E-mail | |
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